



OHIO DIVISION OF STATE FIRE MARSHAL

CONTRACTOR REGISTRATION APPLICATION**SPECIFY TYPE REQUESTED**☐ Company☐ Individual☐ Automatic Sprinkler and Standpipe Systems☐ Fire Pumps☐ Household Fire Warning Equipment Only☐ Fire Alarm And Detection Equipment☐ Fire Service Mains☐ Engineered Extinguishing Equipment(OTW)☐ Pre-Engineered Extinguishing Equipment (OTW)**Note:** 1) Attach a copy of an Ohio Division of State Fire Marshal Certificate.

For Criteria of application for ANY registration, refer to Columbus Building Code Chapter 4114

PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

Application Date _____

I, the undersigned, an Ohio Division of State Fire Marshal Certificate Holder, hereby apply for a Contractor Registration, in the City of Columbus, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name _____ Date of Birth _____ Social Security # _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Business Telephone _____

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? ☐ Yes ☐ No

If YES, Which Board? _____ Date _____ Board Decision _____

Have you ever pled guilty or been found guilty of any offense other than non-moving traffic violations? ☐ Yes ☐ No

If YES, Please list below

OFFENSE	DATE OF ARREST OR CITATION	PLACE (CITY AND STATE)

Have you ever previously held an Ohio Division of State Fire Marshal Registration with the City of Columbus? ☐ Yes ☐ No

If yes, state previous Company and registration number: Company _____ Registration # _____

PART II: QUALIFICATION CERTIFICATE INFORMATION

Certificate # _____ Date of Issuance _____ Expiration Date _____

Certificate is issued or assigned to (Check One)

☐ Individual Only ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) _____



PART III: BUSINESS/COMPANY INFORMATION

Business Name _____ Fed ID# _____

Business Mailing Address _____ City/State/Zip _____

Business Email Address _____ Telephone _____

Business Type (Check One)

☐ Individual Only ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify) _____

Certificate Holder's Position with Business/Company _____

(President, Vice-President, Partner, Sole-Owner, Employee, etc.)

How long has the Certificate Holder been in this position? From _____ To _____

PART IV: STATEMENT BY QUALIFICATION CERTIFICATE HOLDER

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Date _____ Signature of Certificate Holder _____

SWORN to before me and subscribed in my presence this _____ day of _____, in the year _____

Notary Public _____ My Commission Expires _____

Notary Seal Here

OFFICIAL USE ONLY

ISSUE DATE OF REGISTRATION _____ REGISTRATION # _____

BY (LICENSE SECTION) _____ DATE _____

Remarks:



GENERAL INFORMATION FOR CONTRACTOR REGISTRATION

for Ohio Division of State Fire Marshal Certificate Holders

The following information pertains to registrations issued to:

Fire Alarm and Detection Equipment Company

Fire Protection Company

Ohio Division of State Fire Marshal Certified Individual

Section 4114 of the Columbus Code requires the following be presented in order to secure a contractor registration:

1. A Contractor registration application completed by the Ohio Division of State Fire Marshall Qualification Certificate Holder. This Application must be Notarized.
2. **A bond in the amount of \$15,000. YOU MUST USE THE ENCLOSED BOND FORM.** Your bond must expire on the same date as your Qualification Certificate. (For more information, see Bond Information Sheet.)
3. **Evidence of "liability insurance"** written by an insurance company licensed to do business in the State of Ohio with the limits of liability as required by the Ohio Division of State Fire Marshal, Bureau of Licensing and Certification.
4. **Evidence of "Workers' Compensation"** with the State of Ohio for the registration holder, or the assigned company, and employees engaged or to be engaged in the work covered by such registration. Evidence must be a copy of your current Workers' Compensation Certificate of Coverage. Please contact The State of Ohio Bureau of Workers' Compensation at 1-800-644-6292 for additional information about this certificate.
5. **Evidence of State Certification.** All Ohio Division of State Fire Marshal Qualification Certificate holders must submit a copy of their certificate that verifies they are certified through the State of Ohio. A Columbus registration will be issued to the individual or business entity's name that appears on the Qualification Certificate. If you wish to assign your registration to a business, that business name must appear on the certificate. When a business entity name appears on the qualification certificate, the registration will be issued to that business entity ONLY.
6. **Assignment of Registration.** If you wish to assign your registration to a business concern, we must have a current assignment form on file. In accordance with C.C. 4114, when an assignment is made, all documents are to be completed in the name of the business. When completing the assignment form, you must provide a list of no more than six (6) full time officers and/or employees of the business, including yourself. These individuals are required to sign the assignment form. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
7. **Social Security Number.** You must provide your social security number. If you are assigning your registration to a business concern, you must also furnish the **Federal Taxpayer ID Number** of that business concern. Paperwork that has omitted either of these pieces of identification will be returned without being processed.
8. Registration fee is **\$350.00 per Company** and **\$350.00 per Certified Individual**. Each category of validation shall require a separate registration and a separate fee. Payment may be made in person or by mail to:

Contractor License Renewal

City of Columbus

Building Services Division

757 Carolyn Avenue

Columbus, Ohio 43224

Checks payable to "Columbus - City Treasurer"

MINIMUM PROCESSING TIME FOR SUBMITTED DOCUMENTS IS 10 BUSINESS DAYS!

If additional information is needed, please call the contractor license message center at (614) 645-6083. **This is a voice mailbox. Please leave your name, number, and a brief message. One of our customer service representatives will return your call.** Forms and other information can be found at our website at td.ci.columbus.oh.us



CONTRACTOR REGISTRATION BOND INFORMATION-FIRE

Contractor: Give this sheet to your bond company to ensure all information is correct on the bond.

Bonding Agency: Please follow the instructions below when completing the Registration Bond Form.

We have attached a sample bond form for your convenience. Please refer to this sample form when you have questions about the information below.

1. **Form.** Use the bond form provided by the City if this is a new registration(s) or if the bond is being posted for the first time. In the case of a renewal of an existing registration(s) and corresponding bond, we will accept an original continuation certificate.
2. **Bond Number and Date.** Enter the bond number and date on the form on the lines on the top left.
3. **Amount of Bond.** All Contractor Registration bonds are \$15,000.00. Do not change this amount.
4. **Name of Registrant.** Complete this space with the name of the **responsible party** for the company certificate.
5. **Name of Company.** If the contractor is doing business as a company or assigning their registration to a business, complete this section with the exact full business name as it appears on the Contractor Renewal Form or State Fire Marshal Qualification Certificate. If the contractor is conducting business as herself/himself, not using a business or corporation name, leave this section blank. (Contractors do business under a variety of names, many use more than one name. The bond must contain the exact and full individual name or the exact full business name the contractor will use in doing business with the City of Columbus. If the contractor is assigning their registration to a business, the exact full business name must appear on the bond.)
6. **Name of Bond Company.** The bond company name must appear here.
7. **Registration Type.** Complete this section with the type of trade listed as “**Fire Protection**” Contractor.
8. **Expiration Date.** The bond expiration date must coincide with the expiration date of the Company Certificate issued by the Ohio Division of State Fire Marshal.
9. **Dating and Signing of Bond.** This section needs to be completed by both the Responsible Party for the Company Certificate and the bonding company. Signatures must be originals. Do not use rubber stamps.
10. **Bond Seal.** The bond must have either an original imprinted seal or gold seal affixed to it for validation. Any bond missing this seal is considered invalid and will be returned to the Responsible Party without review.

When the bond form has been properly completed, return it to the Responsible Party. Do not return this form to our office. The Responsible Party must complete additional paperwork and attach a check for the registration fee. We require all paperwork to be submitted as a single package. Valid date of receipt by our office is the time-date stamp we administer. We do not accept postmarks or delivery service dates as received dates.

QUESTIONS?

Please call (614) 645-6083. This is a voice-mailbox. You may leave your name, number, and a brief description of your question and one of our customer service representatives will return your call.



CONTRACTOR REGISTRATION BOND FORM-FIRE ¹

Bond # ² _____
 Date ² _____
 Amount \$15,000.00 ³

KNOW ALL MEN BY THESE PRESENTS:

That (Responsible Party for Company) ⁴ _____
 of (Company Name) ⁵ _____
 as Principal and (Bond Company) ⁶ _____
 as Surety, are held firmly bound unto the City of Columbus, c/o City Treasurer for the General Fund, city hall, 90 West Broad Street, Columbus, Ohio 43215, as Oblige, in the sum of Fifteen Thousand and no/100th Dollars (\$15,000.00) to be paid to said Oblige City, its successors and assigns, and for the payment thereof well and truly to be made, we, Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

WHEREAS, the above principal has or is about to apply to said Oblige for a registration as a ⁷ _____ Contractor
 for the term commencing this date and ending (MO/DAY/YR) ⁸ _____, pursuant to Chapter 33 or 41 of the Columbus City Codes, 1959, as applicable.

WHEREAS, Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of car or skill on applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such registration, pursuant to Columbus City Code Title 41, sections 4114.515, 4114.707 and 4114.913.

NOW THEREFORE, if the registration shall be issued to Principal and Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property of the City and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that Surety Company reserves the right to cancel this bond by giving thirty (30) days written notice to Oblige c/o Deputy Director for Building and Development Services, 757 Carolyn Avenue, Columbus, Ohio 43224, and upon receipt of such cancellation notice, Surety Company is relieved of any further liability. Surety Company will be liable for loss accruing up to the effective date of said cancellation notice, but in no event to exceed said \$15,000.00

Signed this ⁹ _____ day of _____, in the year _____
 Responsible Party for Company ⁹ _____ By ⁹ _____
 (PRINT OR TYPE NAME) (SIGNATURE)
 Surety ⁹ _____ By (Attorney-in-fact) ⁹ _____
 (PRINT OR TYPE NAME) (SIGNATURE)

¹⁰
Seal



CONTRACTOR REGISTRATION BOND FORM-FIRE

Bond # _____
Date _____
Amount \$15,000.00

KNOW ALL MEN BY THESE PRESENTS:

That (Responsible Party for Company) _____
of (Company Name) _____
as Principal and (Bond Company) _____
as Surety, are held firmly bound unto the City of Columbus, c/o City Treasurer for the General Fund, City Hall, 90 West Broad Street, Columbus, Ohio 43215, as Oblige, in the sum of Fifteen Thousand and no/100th Dollars (\$15,000.00) to be paid to said Oblige City, its successors and assigns, and for the payment thereof well and truly to be made, we, Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

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for the term commencing this date and ending (MO/DAY/YR) _____, pursuant to Chapter 33 or 41 of the Columbus City Codes, 1959, as applicable.

WHEREAS, Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of car or skill on applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such registration, pursuant to Columbus City Code Title 41, sections 4114.515, 4114.707 and 4114.913.

NOW THEREFORE, if the registration shall be issued to Principal and Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property of the City and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

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Signed this _____ day of _____, in the year _____

Responsible Party for Company _____ By _____
(PRINT OR TYPE NAME) (SIGNATURE)

Surety _____ By (Attorney-in-fact) _____
(PRINT OR TYPE NAME) (SIGNATURE)

Seal



ASSIGNMENT/AUTHORIZED SIGNER FORM

Date _____

The following individual, having met the requirements for a contractor’s license/registration, hereby requests that the license/registration be assigned to the business concern indicated.

The license/registration is to be granted to engage in business as a _____ contractor, as per Chapter 33 or 41 of the Columbus City Code, 1959, as applicable. The individual herein shall be associated with the business concern full-time as a *bona fide* officer, proprietor, partner, or employee. The individual will be actively engaged in and perform work only for the business concern to which his/her license/registration has been assigned. **Only persons listed on this form with signatures attached, shall be authorized to sign permit applications.**

The following information shall be furnished and the following section shall be completed in full. List yourself on the appropriate line. **Have all authorized persons who sign permit applications sign on the line adjacent to their printed name.**

(PLEASE CHECK ONE) ☐ CORPORATION ☐ COMPANY ☐ PARTNERSHIP ☐ INDIVIDUAL

FULL NAME OF BUSINESS TO WHICH LICENSE/REGISTRATION WILL BE ASSIGNED (MUST BE IDENTICAL TO NAME APPEARING ON BOND) FED I.D. AND/OR SOCIAL SECURITY NUMBER

Email address: _____

STREET CITY STATE ZIP TELEPHONE

PRESIDENT, PARTNER, OR EMPLOYEE NAME (PRINT OR TYPE) SIGNATURE

HOME ADDRESS CITY STATE ZIP TELEPHONE

VICE-PRESIDENT, PARTNER, OR EMPLOYEE NAME (PRINT OR TYPE) SIGNATURE

HOME ADDRESS CITY STATE ZIP TELEPHONE

TREASURER, PARTNER, OR EMPLOYEE NAME (PRINT OR TYPE) SIGNATURE

HOME ADDRESS CITY STATE ZIP TELEPHONE

SECRETARY, PARTNER, OR EMPLOYEE NAME (PRINT OR TYPE) SIGNATURE

HOME ADDRESS CITY STATE ZIP TELEPHONE

TREASURER, PARTNER, OR EMPLOYEE NAME (PRINT OR TYPE) SIGNATURE

HOME ADDRESS CITY STATE ZIP TELEPHONE

OTHER OFFICER, PARTNER, OR EMPLOYEE NAME (PRINT OR TYPE) SIGNATURE

HOME ADDRESS CITY STATE ZIP TELEPHONE

The following individual requests a Contrator license/registration be assigned to the above business, and hereby assigns the rights of that license/registration.

TYPE OF TRADE LICENSE/REGISTRATION # LICENSE/REGISTRATION HOLDER SIGNATURE & POSITION HELD IN COMPANY

Sworn to before me and subscribed in my presence this _____ day of _____, in the year _____

NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES

Notary Seal Here